

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Graves for Congress

ADDRESS (number and street)

2345 Grand Boulevard - Suite 2400

Check if different
than previously
reported. (ACC)

Kansas City

MO

64108

2. FEC IDENTIFICATION NUMBER ▼

C

C00359034

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MO

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

11

D D / Y Y Y Y

27

Y Y Y Y

2012

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jean Paul Bradshaw

Signature of Treasurer

Jean Paul Bradshaw

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

17

Y Y Y Y

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 17

Write or Type Committee Name

Graves for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3000.00	3000.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3000.00	3000.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	37200.80	61507.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	37200.80	61507.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	255139.92	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5522.41	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 17

Write or Type Committee Name

Graves for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	2

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

3000.00

3000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

3000.00

3000.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

6.94

6.94

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

3006.94

3006.94

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 17

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37200.80	61507.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	1000.00	1000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	38200.80	62507.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	290333.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3006.94
25. SUBTOTAL (add Line 23 and Line 24).....	293340.72
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38200.80
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	255139.92

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 17

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. American Hospital Association PAC

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 13 2012

Transaction ID : 30107.C16275

Amount of Each Receipt this Period

2000.00

Receipt

Full Name (Last, First, Middle Initial)

B. American Hospital Association PAC

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 26 2012

Transaction ID : 30107.C16276

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

3000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. UMB Visa

Mailing Address 1010 Grand Boulevard

City	State	Zip Code
Kansas City	MO	64106-

Purpose of Disbursement
Credit Card: See Below

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
-------------------	---

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 21 / 2012

Amount of Each Disbursement this Period

2587.11

Transaction ID : 30107.E6183

CREDIT CARD: SEE BELOW

B. Davis Field Aviation LLC

Mailing Address 1200 Sabre

City	State	Zip Code
Muskogee	OK	74403-

Purpose of Disbursement
Travel Expense: Aviation Fuel

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
-------------------	---

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 21 / 2012

Amount of Each Disbursement this Period

359.86

Transaction ID : 30107.E6212

[MEMO ITEM]

MEMO: TRAVEL EXPENSE: AVIATION FUEL

c. Aero Centex

Mailing Address 201 Service Drive

City	State	Zip Code
Georgetown	TX	78628-

Purpose of Disbursement
Travel Expense: Aviation Fuel

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
-------------------	---

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 25 / 2012

Amount of Each Disbursement this Period

271.35

Transaction ID : 30107.E6216

[MEMO ITEM]

MEMO: TRAVEL EXPENSE: AVIATION FUEL

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2587.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Intercontinental Hotel

Mailing Address 1401 Pennsylvania Ave. NW

City	State	Zip Code
Washington	DC	20004-

Purpose of Disbursement
Travel Expense: Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2012

Amount of Each Disbursement this Period

303.25

Transaction ID : 30107.E6221

[MEMO ITEM]

MEMO: TRAVEL EXPENSE: LODGING

B. Country Club Bank

Mailing Address PO Box 410889

City	State	Zip Code
Kansas City	MO	64141-

Purpose of Disbursement
Credit Card: See Below

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2012

Amount of Each Disbursement this Period

45.50

Transaction ID : 30107.E6184

CREDIT CARD: SEE BELOW

c. The Gula Graham Group

Mailing Address 700 12th St. NW

City	State	Zip Code
Washington	DC	20006-

Purpose of Disbursement
Fundraising Fees & Commissions

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2012

Amount of Each Disbursement this Period

2760.00

Transaction ID : 30107.E6170

FUNDRAISING FEES & COMMISSIONS

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2805.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Candidate Command LLCMailing Address 1831 NW Vivion
Suite 101

City Riverside State MO Zip Code 64150-

Purpose of Disbursement
Printing Postage and Mailing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2012

Amount of Each Disbursement this Period

6658.00

Transaction ID : 30107.E6179

PRINTING POSTAGE AND MAILING

B. Endis Inc.

Mailing Address 3002 East Sunshine Ave.

City Springfield State MO Zip Code 65804-

Purpose of Disbursement
Website Subscription Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2012

Amount of Each Disbursement this Period

125.00

Transaction ID : 30107.E6195

WEBSITE SUBSCRIPTION FEE

c. Country Club Bank

Mailing Address PO Box 410889

City Kansas City State MO Zip Code 64141-

Purpose of Disbursement
Bank Service Charge

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2012

Amount of Each Disbursement this Period

113.26

Transaction ID : 30107.E6197

BANK SERVICE CHARGE

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6896.26

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. UMB Visa

Mailing Address 1010 Grand Boulevard

City	State	Zip Code
Kansas City	MO	64106-

Purpose of Disbursement
Credit Card: See Below

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2012

Amount of Each Disbursement this Period

181.49

Transaction ID : 30107.E6180

CREDIT CARD: SEE BELOW

B. Aladin Storage, Inc.

Mailing Address 701 North 291 Highway

City	State	Zip Code
Liberty	MO	64068-

Purpose of Disbursement
Storage Rental

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		01		2012

Amount of Each Disbursement this Period

122.00

Transaction ID : 30107.E6192

[MEMO ITEM]

MEMO: STORAGE RENTAL

c. Federal Express Shipping

Mailing Address 2903 Sprinkle Avenue

City	State	Zip Code
Memphis	TN	38118-

Purpose of Disbursement
Shipping Charges

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2012

Amount of Each Disbursement this Period

59.49

Transaction ID : 30107.E6193

[MEMO ITEM]

MEMO: SHIPPING CHARGES

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

181.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. UMB Visa

Mailing Address 1010 Grand Boulevard

City	State	Zip Code
Kansas City	MO	64106-

Purpose of Disbursement
Credit Card: See Below

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2012

Amount of Each Disbursement this Period

139.87

Transaction ID : 30107.E6181

CREDIT CARD: SEE BELOW

B. The Gula Graham Group

Mailing Address 700 12th St. NW

City	State	Zip Code
Washington	DC	20006-

Purpose of Disbursement
Fundraising & Consulting Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2012

Amount of Each Disbursement this Period

2000.00

Transaction ID : 30107.E6172

FUNDRAISING & CONSULTING FEE

C. AT&T Mobility

Mailing Address P.O. Box 940012

City	State	Zip Code
Dallas	TX	75394-

Purpose of Disbursement
Telephone Service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2012

Amount of Each Disbursement this Period

162.25

Transaction ID : 30107.E6169

TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2302.12

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Corey Cooke

Mailing Address 1838 E. West Highway

City	State	Zip Code
Silver Spring	MD	20910-

Purpose of Disbursement
Fedex Printing Costs

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2012

Amount of Each Disbursement this Period

201.06

Transaction ID : 30107.E6187

FEDEX PRINTING COSTS

B. Endis Inc.

Mailing Address 3002 East Sunshine Ave.

City	State	Zip Code
Springfield	MO	65804-

Purpose of Disbursement
Web Site Subscription Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2012

Amount of Each Disbursement this Period

125.00

Transaction ID : 30107.E6167

WEB SITE SUBSCRIPTION FEE

C. Jeff Leieritz

Mailing Address 647 Lexington Place, N.E.

City	State	Zip Code
Washington	DC	20002-

Purpose of Disbursement
Minuteman Press Booklet Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		21		2012

Amount of Each Disbursement this Period

924.32

Transaction ID : 30107.E6186

MINUTEMAN PRESS BOOKLET EXPENSE

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. The Gula Graham Group

Mailing Address 700 12th St. NW

City	State	Zip Code
Washington	DC	20006-

Purpose of Disbursement
Fundraising Fees & Commissions

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2012

Amount of Each Disbursement this Period

12680.00

Transaction ID : 30107.E6173

FUNDRAISING FEES & COMMISSIONS

Full Name (Last, First, Middle Initial)

B. Capitol Hill Club

Mailing Address 300 1st Street, SE

City	State	Zip Code
Washington	DC	20003-

Purpose of Disbursement
Multiple fundraising/meeting meals

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2012

Amount of Each Disbursement this Period

2987.66

Transaction ID : 30117.E6233

MULTIPLE FUNDRAISING/MEETING MEALS

Full Name (Last, First, Middle Initial)

c. The Gula Graham Group

Mailing Address 700 12th St. NW

City	State	Zip Code
Washington	DC	20006-

Purpose of Disbursement
Fundraising & Consulting Fee

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2012

Amount of Each Disbursement this Period

2000.00

Transaction ID : 30107.E6189

FUNDRAISING & CONSULTING FEE

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

17667.66

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Candidate Command LLCMailing Address 1831 NW Vivion
Suite 101

City Riverside State MO Zip Code 64150-

Purpose of Disbursement
Printing Postage Mailing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2012

Amount of Each Disbursement this Period

2740.00

Transaction ID : 30107.E6178

PRINTING POSTAGE MAILING

B. AT&T Mobility

Mailing Address P.O. Box 940012

City Dallas State TX Zip Code 75394-

Purpose of Disbursement
Telephone Service

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2012

Amount of Each Disbursement this Period

155.06

Transaction ID : 30117.E6231

TELEPHONE SERVICE

c. Lathrop & Gage LLP

Mailing Address 2345 Grand Boulevard - Suite 2400

City Kansas City State MO Zip Code 64108-2684

Purpose of Disbursement
Reimb. Copies/Postage/Delivery Svcs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2012

Amount of Each Disbursement this Period

190.22

Transaction ID : 30107.E6175

REIMB. COPIES/POSTAGE/DELIVERY SVCS

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3085.28

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Graves for Congress

Full Name (Last, First, Middle Initial)

A. Lathrop & Gage LLP

Mailing Address 2345 Grand Boulevard - Suite 2400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2012

City	State	Zip Code
Kansas City	MO	64108-2684

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Registered Agent FeeCategory/
Type**Transaction ID : 30107.E6174**

Candidate Name

REGISTERED AGENT FEE

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

200.00
36975.80

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 16 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Boyles Motors Inc.

Nature of Debt (Purpose):

Vehicle Lease

Mailing Address 204 North Market Street

City State

Zip Code

Maryville

MO

64468-

Outstanding Balance Beginning This Period

500.00

Transaction ID : LS60802.E42

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

KWRT-AM / KWRT-FM

Nature of Debt (Purpose):

Radio Advertising

Mailing Address 1600 Radio Hill Road

City State

Zip Code

Boonville

MO

65233-

Outstanding Balance Beginning This Period

857.65

Transaction ID : LS60802.E45

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

857.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Willard Dowden

Nature of Debt (Purpose):

Rent for Nodaway Co. Republican Com

Mailing Address Route 1, Box 116

City State Zip Code

MO

64428-

Outstanding Balance Beginning This Period

200.00

Transaction ID : LS60802.E46

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional) ▶

1557.65

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Graves for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Missouri Right to Life PAC

Nature of Debt (Purpose):

Membership Labels

Mailing Address PO Box 651

City State

Zip Code

Jefferson City

MO

65102-

Outstanding Balance Beginning This Period

1087.00

Transaction ID : LS60802.E49

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1087.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Lukens Company

Nature of Debt (Purpose):

PrintingMailPostageData

Mailing Address 2800 Shirlington Road - 9th Floor

City State

Zip Code

Arlington

VA

22202-

Outstanding Balance Beginning This Period

1877.76

Transaction ID : LS90415.E4278

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1877.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Stor Safe

Nature of Debt (Purpose):

Storage Rental

Mailing Address 1501 Burlington

City

State

Zip Code

Kansas City

MO

64116-

Outstanding Balance Beginning This Period

1000.00

Transaction ID : LS81203.E4051

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

1) **SUBTOTALS** This Period This Page (optional) ▶

3964.76

2) **TOTALS** This Period (last page this line number only) ▶

5522.41

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

5522.41